

## STATE OF NEW HAMPSHIRE 2017 Statement of Income and Expenses

for LOBBYISTS
(RSA Chapter 15)

RECEIVED

PLEASE PRINT

JUL 19 2017

I. Name of Lobbyist(s) Leslie Wood			NEW HAMPSHIRE DEPARTMENT OF STATE	
II. Name of lobbyist's partnership, firm	n or corporation, if a	ny:	- OINE	
(Name of partnership, firr	n or corporation)	"patropa" a	4-14	
950 F Street, NW, Suite 300	Washingto	on DC	20004	
Business Address: (Street)	(Town/City)	(State)	(Zip Code)	
(202) 835-3451 (	202) 715-6987	e-mail lwood@	nhrma ora	
(Telephone)	(Fax)		prima.org	
III. This statement covers: (Choose one reportable expense transactions which All reportable transactions occurring	are not attributable t	to any one client).		
Pharmaceutical Research and	Manufacturers of	America (PhRMA)		
(Full Name of Clic		bbyist Registration Form)	<u></u>	
<u>OR</u>				
All reportable transactions by the lobb unrelated to any particular client.	yist (including the lob	byist's family), or the lobby	ving firm listed below which are	
IV. Date of Report April 26, 2017 Reports cover: activity from date of regis		July 26, 2017 <b>4</b> activity from 4/1/17 to 6/30	V <b>1</b> 7	
October 25, 201 activity from 7/1/17		January 31, 2018   activity from 10/1/17 to 12		
V. There have been no fees received If this box is checked, complete just this for Concord, NH 03301.				
VI. Check if additional reports are atta	ched:			
If you have received fees or made exp		ile Addendum A- Fees and	d Expenses	
☐ If you have paid an honorarium or rei Expense Reimbursement				
If you, your firm, or your family has	made political contribu	utions, you must file Adden	ndum C– Political Contributions	
Sworn Statement/Affirmation by Lobb I have read RSA 15, RSA 15-B, RSA 14-and complete to the best of my knowledge (Signature of lobbyist)  Leslie Wood	C and RSA 664 and he	ereby swear or affirm that the $\frac{1}{\sqrt{8}}$		
(Print Name of Johnvist)				